Primary care physician implementation of routine HIV screening in Washington, DC: An Assessment of Perceptions, Challenges and Barriers

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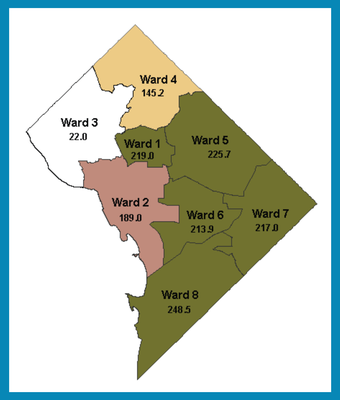
Background

Primary care providers (PCPs) have great influence in the community and are therefore critical partners for addressing the HIV epidemic. Despite the 2006 CDC recommendations to adopt routine HIV screening in medical settings, the implementation of these recommendations lag considerably among these practitioners.

HIV rates in Washington, DC are among the nation's highest (Figure 1.) yet despite being in primary care provider's care many HIV-positive persons in Washington DC are diagnosed in late stage disease.

Therefore, given frequent missed opportunities for early diagnosis of HIV infection in primary care, data are needed to explain challenges and barriers to integration of HIV screening as standard of care in the primary care settings.

Figure 1: HIV Rates by Ward, Washington DC, 2008



Methodology

➢A database of DC-based primary care physicians was created
- Limited to those actively practicing medicine

➢Physicians were stratified and prioritized by client volume with those with >500 clients deemed highest priority

➢Physicians were contacted to schedule attendance at group case discussions or one-on-one discussions with an HIV-trained physician.

➢Physicians were also invited to become a peer champion to provide assistance in garnering colleague support for routine HIV screening.

➢Physicians were asked to respond to queries about their approach to HIV testing and to offer explanations for gaps in routine screening in the primary care setting.

➢DC Department of Health, HIV/AIDS Administration for HIV marketing materials distributed to providers (Figure 2)

Results

2000 practicing physicians were identified. Of these, 375 (16%) were targeted for participation. Because they were high volume, i.e. >500 patients, primary care providers. Of these, 198 (61%) agreed to participate. Over half, 125 (63%) attended a group discussion and 73 (37%) engaged in a brief one-on-one.

One hundred-twenty five physician responded to queries. Of these:
- 45% were unaware of CDC testing guidelines,

➢71% not aware of local testing guidelines establishing routine screening as standard of care

➢19% were routinely screening for HIV

Results (Cont'd)

Three PCPs adopted routine screening

Providers shared many reasons for not routinely screening for HIV. The most common reasons providers did not routinely screen for HIV included:

➢Believing they could discern who was at-risk and who wasn't and perceiving their patient populations were not at risk

➢Concerns about lack of reimbursement for HIV testing

➢Unclear about how to approach a positive test. This included not knowing where to refer HIV-positive patients

➢Nearly 2/3 were unaware of the CDC guidelines or the District's public

➢Some providers reported testing patients but were unlikely to refer due to concerns about losing patients to sub-specialists.

➢Others were willing to test routinely if linked to technical support.

There were basic HIV knowledge gaps among PCPs. These included:
➢HIV transmission modes
➢Significance of the viral load
➢Interpretation of CD4 count
➢Resistance testing as standard of care
➢Newer ARV availability (e.g. Need to switch patients from AZT or d4T containing regimens to DHHS-endorsed

Figure 2. Provider Materials

Conclusions

➢A one-to-one provider approach is time-intensive but is a model which should be considered to positively impact PCP behavior

➢Ongoing roundtable discussions are appropriate for delivering information and raising awareness but may not be impactful in altering routine screening acceptability and uptake

➢It is possible to modify HIV testing behaviors among PCPs if requests are accompanied by information and support for routine screening

➢Resources are needed to strengthen program monitoring, close follow-up and on-site, targeted technical assistance to providers to assist with routine screening implementation.

➢The HIV knowledge gaps among providers should be urgently addressed

Recommendations

Identify strategies and mechanisms to incentivize PCP adoption of routine HIV screening

A peer approach, i.e. Champions, should be utilized to influence provider behavior

Partnerships with national policy and membership organizations should be forged to raise provider awareness and devise strategies to provide technical assistance, monitoring and program evaluation for implementation of routine screening

Quantitative assessments to systematically document challenges with routine screening reimbursement should be conducted across all major health insurance providers.

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